NEEDS ASSESSMENT SURVEY FINDINGS FORM

Planning Area: North/Northeast Texas HMAZ/LMAZ Area: Rural North BDTP: F/MS Women SUBPOPULATION: African American/Black (1,12)

	# of surveys completed: 21	
	Information from needs assessment surveys	Assessment
Risk Behaviors (13,15,16, 22,24,25, 26,27,28,29 30,33)	 43% reported more than one sex partner in the past year; 24% reported more than 3 partners in the past year. While 55% reported that none of their sex partners in the past year had HIV, 46% reported they didn't know or were unsure. 10% reported at least one of their sex partners in the past year had an STD. 43% say they had been treated at least once for an STD in the past year. Only 10% reported engaging in anal sex. Of those engaging in anal sex, 11% reported never using a condom. Of those engaging in oral sex, 37% percent never use a condom for oral sex. Of those engaging in vaginal sex, 35% never use a condom for vaginal sex. The locations mentioned by this African American F/MS Women as to at what locations they engage in anal sex are (in order): home [10%], someone else's home [10%], crack houses [5%], hotels/motels [5%]. The top five things African American F/MS Women said they do to keep from getting HIV are (in order): don't inject drugs [52%] have only one sex partner [38%], don't share IDU equipment [38%], sometimes use condoms [33%], don't abuse drugs or alcohol [33%]. The top five things African American F/MS Women said they do to keep from getting STDs are (in order): have only one sex partner [43%] don't inject drugs [38%], sometimes use condoms [33%], don't abuse drugs or alcohol [24%]. 	 A fairly high proportion of the population reported they have engaged in sex with multiple partners. There is a high prevalence of HIV and STDs in the population based on the morbidity profile for this population. Reported condom use is comparable to that in other populations. While public locations were indicated as places where these African American F/MS Women engaged in sex, similar proportions indicated these activities occur in more private locations. This should be taken into account when trying to reach this population.

Numbers noted in parentheses () indicate questions number on the needs assessment survey which correspond to that category.

^{*}Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

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*Knowledge (9,11)	 Among African American F/MS Women: 86% indicated that anal sex without a condom might increase a person's chance of getting HIV, 81% for getting STDs other than HIV. 67% and 91% indicated that oral and vaginal sex without a condom, respectively, might increase a person's chance of getting HIV; 76% and 86% indicated that oral and vaginal sex without a condom, respectively, may increase a person's chance of getting STDs other than HIV. 86% indicated that sex-trade work might increase a person's chance of getting HIV, 86% for getting STDs other than HIV. 91% indicated that unprotected sex under the influence might increase a person's chance of getting HIV, 86% for getting STDs other than HIV. 91% indicated sex with more than one partner might increase a person's chance of getting HIV, 86% for getting STDs other than HIV. 95% indicated that injecting drugs and sharing works might increase a person's chance of getting HIV, 76% for getting STDs other than HIV. 81% indicated that having sex with men might increase a person's chance of getting HIV, 76% for getting STDs other than HIV. 81% indicated that engaging in sex with a woman who has engaged in risky behaviors may increase a person's chance of getting HIV, 76% for getting STDs other than HIV. 86% indicated that blood transfusions might increase a person's chance of getting HIV, 48% for getting STDs other than HIV. 86% indicated that needle sticks might increase a person's chance of getting HIV, 48% for getting STDs other than HIV. 81% indicated that needle sticks might increase a person's chance of getting HIV, 48% for getting STDs other than HIV. 86% indicated that a being born to a mother with HIV may increase a person's chance of getting HIV, 48% for getting STDs other than HIV. 	Over four-fifths of the population showed good knowledge of HIV transmission routes. This community shows good knowledge of HIV and STD transmission routes, given these risks.

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*Attitudes & beliefs (10,32,34)	 Overall, African American F/MS Women in this population indicated they strongly agreed that a person should tell their partner if they have HIV or an STD whether they use a condom or not. The top four reasons African American F/MS Women indicated they had sex without a condom are (in order): trust in partner [43%]¹, partner refused to use condoms [29%], drunk or high [24%], don't like condoms [24%]. 94% indicated they were not likely to get HIV, and 80% indicated they were not likely to get an STD. 	 Most respondents in the survey indicated a strong motivation to discuss HIV and STD risks if they are infected. Primary barriers to condom use were trust in partner, partner refusal to use condoms, being under the influence, and dislike of condoms. Considering the high morbidity rates in this community, the personal perception of risk is low
*Current communication skills	 77% of the African American F/MS Women who responded indicated they have talked about getting HIV with at least some of their partners. 75% of the African American F/MS Women who responded indicated they have talked about getting an STD other than HIV with at least some of their partners. 	As most of the African American F/MS Women indicated they should discuss with their partners if they had an STD or HIV, over three- quarters of this population has discussed the possibility of this risk with their partners.
*Social/peer support (17)	When asked who they would tell if they had contracted HIV or an STD other than HIV, the following proportions of African American F/MS Women indicated they would tell: • Their family; 54% for HIV, none for an STD. • Their current partner(s); 12% for HIV, none for an STD. • Their past partner(s); 10% for HIV, none for an STD. • Their friends; 22% for HIV, 11% for an STD.	A large majority of the population reported they would be uncomfortable telling family, friends and partners if they contracted HIV. They were even less likely to talk about an STD infection.
Testing history/need for testing (18-23)	 76% of survey respondents indicated they have tested for HIV in the past year. Of those who were tested, they tested an average of 1.7 times a year. The top two reasons African American F/MS Women indicated they tested were (in order): due to pregnancy [33%]¹, part of routine health care [24%], sex without a condom [14%]. The two reasons mentioned for not testing included thinking they were not at risk for HIV [10%]¹ and not sexually active [5%]. 	 Testing proportions in this population are good, both in terms of the proportion tested, and the frequency of test, especially with the majority of the population having one or less partners in that time period. A good proportion of respondents indicated a preventive behavior, part of

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	 6% of the respondents indicated they have tested positive for HIV. 65% of the respondents tested for an STD other than HIV in the past year. Of those testing, they tested an average of 1.6 times per year. 82% of African American F/MS Women who have tested for an STD in the past year indicated they have tested positive for an STD. 43% of respondents indicated they have been treated at least once for an STD in the past year. The two reasons cited for not testing for an STD are thinking they are not at risk for getting STDs and being sexually inactive [10%]¹. 10% of respondents indicated they have tested for Hepatitis A in the past year, 10% for Hepatitis C, 24% for Hepatitis B, and 43% tested for Tuberculosis. 	routine care. Other reasons were due to potential failures of prevention activities. • Few respondents indicated barriers to access to testing, but the belief that they were not at risk was mentioned. • A high proportion of the respondents indicated they felt the need to be tested for an STD in the past year. The frequency of testing is similar to the average number of partners reported • Between tenth and almost half of this sub-population indicate they have been tested for other diseases in the past year. This supports the critical nature of referrals to appropriate providers.
Prevention services currently accessed (19,21) Note: For testing, community-based organizations and corrections were not provided as a response option.	 The top four locations African American F/MS Women go to for an HIV test are (in order): doctor's office [38%]¹, public STD clinic [19%], other public clinic [14%], hospitals [14%]. The top four locations African American F/MS Women go for an STD examination are (in order): doctor's offices [33%]¹, public STD clinic [19%], family planning clinic [10%], other public clinic [10%]. 33% of respondents indicated barriers in their community to seeking prevention services. These include (in order): lack of transportation [19%]¹, inconvenient hours of operation [19%], town or community is too small [10%], overcrowded clinics or programs [10%]. The top six locations where African American F/MS Women have gotten HIV information are (in order): public health clinics [29%]¹, bars [19%], local HIV/AIDS organizations [19%], health care providers [19%], family or friends [14%], other health clinics [14%]. 	 The primary source for HIV testing and STD diagnosis and treatment are through doctors' offices. Lack of transportation,, inconvenient hours of operation, size of town or community, and overcrowded clinics or programs were cited as barriers to access services. In contrast to testing and diagnosis services, prevention information and helpful information was primarily obtained from public and private health care providers, community-based organizations, bars, and family or friends.

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	 The top six locations where African American F/MS Women have gotten information on STDs are (in order): public health clinics [24%]¹, bars [19%], local HIV/AIDS organizations [19%], health care providers [19%], family and friends [14%] community counseling and testing centers [14%]. The top six locations where African American F/MS Women have gotten information on HIV and STDs that has helped them are (in order): health care providers [24%]¹, public health clinics [24%], bars [19%], local HIV/AIDS organizations [14%], community counseling and testing centers [14%], family or friends [14%]. 	
Prevention needs (35-39)	 For those indicating they wanted to know more to help protect them from acquiring HIV, the following activities were requested (in order): how to talk to partner about using condoms [38%]¹, basic HIV and STD information [33%], how to have safe sex [29%], drug abuse counseling and treatment [24%], how to use condoms [10%]. Primary locations where African American F/MS Women indicated they would get information on HIV in the future are (in order): public health clinics [76%]¹, treatment centers [67%], community counseling and testing centers [67%], health care providers [62%], local HIV/AIDS organizations [57%], other health clinics [57%]. Primary locations where African American F/MS Women indicated they would get information on STDs in the future are (in order): public health clinics [71%]¹, treatment centers [67%], community counseling and testing centers [67%], health care providers [62%], local HIV/AIDS organizations [57%], other health clinics [52%]. The primary locations where African American F/MS Women indicated they would NEVER get information on HIV in the future are (in order): church [52%]¹, bars [48%], work [38%], school [38%], bath houses [38%]. 	 Communication skills lead the activities wanted by African American F/MS Women, followed by basic HIV and STD information, interventions on how to have safe sex, and drug abuse counseling and treatment. The primary locations where African American F/MS Women indicated they would go to get HIV and STD information are public and private health care providers and community-based organizations. The locations where African American F/MS Women would never seek HIV or STD prevention messages are church, bars, work, school, and bath houses.

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Specific	The primary locations where African American F/MS Women indicated they would NEVER get information on STDs in the future are (in order): church [57%]¹, bars [48%], work [43%], school [43%], shelters [33%], bath houses [33%]. Statewide for all HIV positive African American F/MS²	The proportion of African
Information about HIV ⁺ from HIV ⁺ risk profiles	 50% indicated they never used a condom for anal sex, 36% never used a condom for vaginal sex, and 59% never used a condom for oral sex. Over 20% indicated an STD diagnosis in the past year. Over 35% indicated more than 1 sex partner in the past year. Nearly 15% indicated some sex trade work in the past year. 64% indicated substance use with sex in the past year. Nearly 50% indicated their partners were at risk, and almost a third indicated their partners had multiple partners. The top drugs used during sex were: alcohol [39%]¹, cocaine [35%]and marijuana [26%]. In Rural North, all HIV positive F/MS Women indicated²: 17% indicated an STD diagnosis in the past year. None indicated they had more than 1 partner in the past year. None indicated sex trade in the past year. 83% indicated substance use with sex in the past year. Half indicated their partner was at risk, and a third indicated their partners had multiple partners. The top drugs used during sex were: alcohol [50%]¹, cocaine [33%]and marijuana [33%]. 	American F/MS Women positives reporting never using a condom for anal sex is 4.5 times that reported for African American F/MS Women by the needs assessment; the proportion of positives reporting never using a condom for oral sex is over 1.5 times the negative African American F/MS Women. Condom use for vaginal sex is similar between positives and negative African American F/MS Women. • The proportion of HIV positives with a recent STD diagnosis is significantly high, particularly considering the high proportion (35%) with multiple sex partners. • Half of HIV positives indicated their sex partner was at risk. • The drugs of choice for HIV positives are alcohol, cocaine, and marijuana.
Other		

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